

TRILOGY 202 FOR **NON-INVASIVE** VENTILATION

Settings and Alarms for BiPAP:

Confirm settings and alarms before connecting patient.

Select **MODIFY** to change settings. (The settings from the previous use will be saved unless the machine is 'Reset'). Under **MENU**. >Use DOWN button to highlight **SETTINGS AND ALARMS**.>Use the RIGHT button to select.

Setting:	Initial value	Comments
Dual Prescription	OFF	Dual Prescription allows separate day and night prescriptions for the patient, not used acutely.
Mode	S/T	Spontaneous and timed. Display shows 'Passive S/T'
AVAPS	OFF	Average volume assured pressure support – not used for BiPAP.
IPAP	Start at 15	Aim 20. Increase if pCO ₂ not falling. Increase by 2 up to max 30.
EPAP	start at 4	Can increase - Senior review required.
Breath Rate	10	Only for backup breaths, if patient is not triggering.
Inspiratory time	e.g 1.5 (Minimum 1 sec)	Only for backup breaths, if patient is not triggering.
FiO ₂	21 – 100 % As required	Aim target sats (usually 88-92%) Start at requirement prior to BiPAP starting (e.g. 35%)
Trigger Type	Auto-trak	Can be adjusted for complex patients, needs senior review.
Rise Time	2	Time taken at start of inspiration to reach full IPAP pressure. Measured in 0.1 sec (i.e. 2 = 0.2 sec)
Ramp length	OFF - 45 min	Increases IPAP over time set, may improve compliance with BiPAP
Nebulizer enabled	OFF	Can use <i>aerogen nebs</i> attachment using additional equipment.
Alarm:	Suggested value	Comments
Circuit disconnect alarm	30 sec	
Apnoea alarm	20 sec	
Apnoea rate alarm	10	Suggest half the patient's pre-BiPAP respiratory rate
Low Vte (tidal volume) alarm	200	Depends on patient ideal weight, adjust accordingly
High Vte (tidal volume) alarm	800	Depends on patient ideal weight, adjust accordingly
Low minute volume alarm	4.0	Minute volume = rate x tidal vol.
High minute volume alarm	14.0	Minute volume = rate x tidal vol.
Low respiratory rate alarm	10	Adjust accordingly
High respiratory rate alarm	30	Adjust accordingly

Settings must be determined by a competent clinician, seek help from ICU/Anaesthetics if unsure.

TRILOGY 202 FOR NON-INVASIVE VENTILATION

BiPAP (NIV)

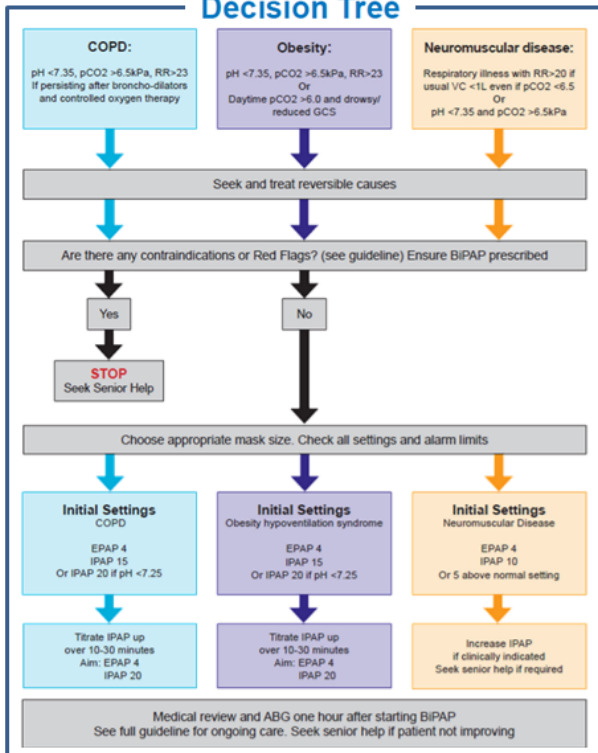
Brighton and Sussex
University Hospitals
NHS Trust

NHS NIV is considered high-risk aerosol generating – use full PPE as per infection prevention guidelines.

EMERGENCY PROMPT CARDS

BiPAP (NIV) Setting up for acute hypercapnic respiratory failure

Decision Tree

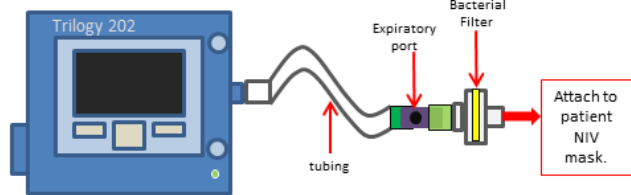


IMPLEMENTED MAR 2020

VERSION 5.0

REVIEW DUE MAR 2022

1. Is the patient suitable for BiPAP? – use full pathway to document, including escalation plan.
2. BiPAP must be prescribed on pathway (see infonet).
3. Inform CCOT, Medical SpR and Respiratory team.
4. Set up tubing with bacterial filter and expiratory port, as shown below. (See CPAP guide for using respironics tubing).



5. Choose correct mask size, protect nasal bridge with dressing.
6. Check all settings and alarms.
7. See BSUH microguide for full BiPAP set up guidelines.

Document NOW!

Prompt Card 10a

Philips Respironics tubing:
(REMOVE EXTRA TUBING and cap off)



Bacterial/Viral
Filters – change
every 24 hours

Setting Up
Video:



Programming
Video:



TRILOGY 202 FOR **NON-INVASIVE** VENTILATION

Settings and Alarms for CPAP:

Confirm settings and alarms before connecting patient.

Select **MODIFY** to change settings. (The settings from the previous use will be saved unless the machine is 'Reset'). Under **MENU**. >Use DOWN button to highlight **SETTINGS AND ALARMS**.>Use the RIGHT button to select.

Setting:	Initial value	Comments
Dual Prescription	OFF	Dual Prescription allows separate day and night prescriptions for the patient, not used acutely.
Mode	CPAP	Continuous positive airway pressure.
Circuit Type	Passive	Single limb circuit with expiratory port
Flex	OFF	Can set to 1 or 2 to reduce pressure in expiration phase.
CPAP	start at 5	Increase as required - Senior review required.
FiO2	100 % As required	Start high and wean down - Aim for target sats or paO ₂ as per senior clinician.
Ramp length	OFF	
Nebulizer enabled	OFF	Can use <i>aerogen nebs</i> attachment using additional equipment.
Alarm:	Suggested value	Comments
Circuit disconnect alarm	30 sec	
Apnoea alarm	20 sec	
Low Vte (tidal volume) alarm	200	Depends on patient ideal weight, adjust accordingly
High Vte (tidal volume) alarm	800	Depends on patient ideal weight, adjust accordingly
Low minute volume alarm	4.0	Minute volume = rate x tidal vol.
High minute volume alarm	14.0	Minute volume = rate x tidal vol.
Low respiratory rate alarm	10	Adjust accordingly
High respiratory rate alarm	30	Adjust accordingly

Settings must be determined by a competent clinician, seek help from ICU/Anaesthetics if unsure.

TRILOGY 202 FOR NON-INVASIVE VENTILATION

CPAP

Brighton and Sussex **NHS**
University Hospitals
NHS Trust

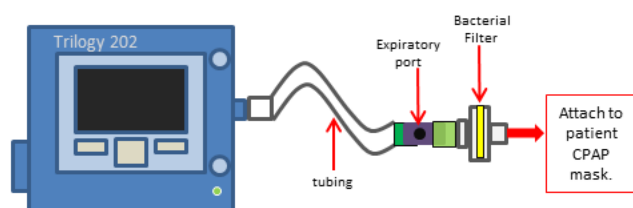
**! EMERGENCY
PROMPT CARDS**

CPAP - Setting up on trilogy 202 ventilator

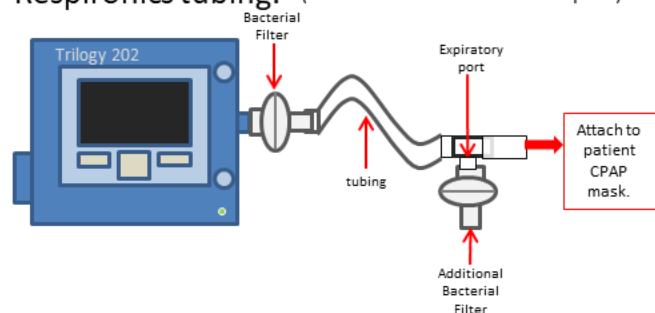
CPAP is considered high-risk aerosol generating – use full PPE as per infection prevention guidelines.

1. Is the patient suitable for CPAP? – document decisions, including escalation plan.
2. Inform CCOT, ICU and Medical team.
3. Set up with tubing, bacterial filter and expiratory port, as shown.
4. Choose correct mask size, protect nasal bridge with dressing.
5. Check all settings and alarms – use laminated **set up sheet** (also on infonet).
6. **Confirm settings with competent clinician**
7. Document using CPAP monitoring chart.

Intersurgical tubing:



Respironics tubing: (REMOVE thin TUBING and cap off)



IMPLEMENTED MAR 2020

VERSION 5.0

REVIEW DUE MAR 2022

Document NOW!

Prompt Card 10b

Philips Respironics tubing:

(REMOVE EXTRA TUBING and cap off)



Bacterial/Viral
Filters – change
every 24 hours

Setting Up

Video:



Programming

Video:

